Print Form



## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer identification Number	Report Filed By ( Mark X)	Candidate	Commit	see 💹	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Commi	TTEE TO	ELECT	JiM BOCK	
Street Address	1000 1	MARIANA	IA AVE		
City ERIE		State P	7 Zip Code	16509	
Type of Report (Place x under report type)					
1- 6 <sup>th</sup> Tuesday   2- 2 <sup>nd</sup> Friday   3- 30 Day Po Pre-Primary   Pre-Primary   Primary	<b>医罗尼斯曼医沙克姆斯氏氏的</b> 对抗性中毒的	2 <sup>nd</sup> Friday   6-30 D e-Election   Electio	ay Post   7- Annu n	al Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
				Termination	
Date Of Election (MM/DD/YYYY) ///07/201	7 Year	2017 Report		Report	
Summary of Receipts and From Date Expenditures	To Date			For Office Use Only	3
06/06/2		2017			99
A. Amount Brought Forward From Last Rep	1,83	5.65		ī Ā	27
B. Total Monetary Contributions and Recei (From Schedule I)	10,120			요 작	
C. Total Funds Available (Sum of Lines A and B)	\$ 13,980	6.06		TRATION	7 13
D. Total Expenditures (From Schedule III)	\$ 7,16	1.74			37
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 6.82	4.32			,
F. Value of In-Kind Contributions Received (From Schedule II)	proved A A A	0,00			
G. Unpaid Debts and Obligations		0.00			
(From Schedule IV)	<u> </u>	A Knid Wit Section			
Part 1- If this is a <b>Committee</b> report, treasurer si I swear (or affirm) that this report, including the	gn here. If this is a canda attached schedues on p	iate report, candidate aper, is to the best of n	sign here. Ny knowledge and be	Ref,true, correct and comp	lete.
Sworn to and subscribed before me this	NNS	ounty ON OF	77/	<i>f</i> .	
day of <u>United 20 1 1</u>	- SEA	OCIATIO	Signature of Person	Submitting report	
Klmby Helly C	ACT OF AC	Expire A ASS	∫ <b>y</b> ed <b>V</b> Printèd	Name	<del></del>
My Commission expires 10 31 a	2019	City of Enmission  The Cod  Area Cod	/ 	860-626	<del></del>
MO. DAY	JONWEAL NOT	City of Enmission  The Cod  Area Cod  Area Cod	e	Daytime Telephone Num	nber ,
Part II- If this is a report of a Candidate's Author I swear (or affirm) that to the best of my knowle	A distribution of the second o	storebolt sign boro	violated any provisio	ns of the Act of June 3, 193	7 (P.L. 1333, NO.320) as
I swear (or affirm) that to the best of my knowled amended.	was and beneficial board	WE S	$\overline{}$		/
Sworn to and subscribed before me this  27  day of Utbhe 20  1	7	UDIIC 2019 IOTARIES	andi	1 TSUL	2
Kmbay Dally 1		5 5 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Signature of AMES  Printed N	J. DOCK	<u>-</u>
My Commission expires 16 31 0	R. L.	Association of the country of the co	<u>/</u>	572-4209 Daytime Telephone Num	<u>/</u> ber
	TH OF	A ASSOCIATION OF THE PROPERTY			
L	WEALT	SYLVAN			

#### SCHEDULE!

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	
1.Uniternized Contributions and Receipts-\$50,00 or Less per Contributor	
Total for the reporting period (1)	\$ 4,024.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ Ø
All Other Contributions (Part B)	\$ 1,486.41
Total for the reporting period (2)	\$ 1,486.41
3, Contributions Over \$250.00 (From Part € and Part D)	
Contributions Received from Political Committees (Part C)	\$ Ø
All Other Contributions (Part D)	\$ 6,550.00
Total for the reporting period (3)	\$ 6,550.00
4. Other Receipts-Refunds, interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 90.00
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$ 12,150.41

COMM.

#### PART A

## **Contributions Received From Political Committees**

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

A STATE OF THE STA					Amount
Full Name of Contrib	outing		1/4	Date [MM/DD/YYYY] \$	
Committee		$\mathcal{N}$	1/A		0
House #	Street Address		<del> </del>	Date [MM/DD/YYYY] \$	
Gitti		State	Zip Code	Date [MM/DD/YYYY] \$	
Gity					
Full Name of Contri Committee	buting			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	The second secon	State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
Full Name of Contri	ibuting		case in the second seco	Date [MM/DD/YYYY] \$	
Committee				Date [MM/DD/YYYY] \$	
House #	Street Address			The state of the s	State of the state
City		State	Żip Code	Date [MM/DD/YYYY] \$	
Full Name of Contr	ibuting			Date [MM/DD/YYYY] \$ \$	
Committee	<u> </u>			Date [MM/DD/YYYY] S	<u> </u>
House#	Street Address				12
City		State	Zip Code	Date [MM/DD/YYYY] S	
THE STATE OF THE S	The Assertable Section 1997			Date [MM/DD/YYYY] \$	
Full Name of Conti Committee	riouting			V.S. (200 - 1999)	
House #	Street Address			Date [MM/DD/YYYY] \$	
761x 22 1 1		State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
City		State			
Full Name of Cont Committee	ributing		· _ <del>-</del> <del>-</del>	Date [MM/DD/YYYY] ;	
House #	Street Address			Date [MM/DD/YYYY]	200
		*C#***	Zip Code	Date [MM/DD/YYYY]	\$
City		State	Zip code		

#### PART B

## **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

BUFFALO WILD WINGS  1001844 2099 SUCCERTABLES INTERCHANGE RO	07/03/2017 03/00/2017 Date II/M/00/2221	1/1.41
ERIE State PA Threside 16509	Cate (MO/OD/SYCY)	7
CINDY CHAPMAN	08/01/2017 Date (MM/00/2017	60.00
ERIE RIDGEDALE DR		
ROGER TAFT	08/06/2017	100.00
4724 WOLF RD	Date Min/OD/(YYY)	
ERIE PA TINGOLE 16505	Date (Min)/OD/YYYY!	
SAMUEL COOPER	08/12/2017 Date (MIN/100/1991)	100.00
5725 HICKORY KNOW CT	Date [MM/DD/YYY4]	
FAIRVIEW PA 16415	Oste (1/10//O)//V/Vi	
GRANT C. TRAVIS	08/09/2017	250.00
102 LORNALN	Date (MM/OD/YYYY) s	
EDINBORO State AA TO Sode 16412	Date (MIM/DD/YYYY) 3	
MICHAEL LAWSON	08/12/2017	100.00
5404 BONDY DR	Dave (AND/DA)/YYYY	
ERIE " PA " 16509	Date (MM/DD/WVP)	

#### PART B

## **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Files adentification Acombus:			
SCHOOL Street Address	ES J. GLOBA SOUTHVIEW DR SESSED PA ZORCOUR 1650	Oats (MM/DD/YVY)  OBJO9/2017  Oats (MM/DD/YVY)  Dats (MM/DD/YVY)	90.00
MOUSE W Sireet Andress	LHERBST CHAPEL HILL DR SINCE PA MICCOGO 1650	Date (MIN/DD/YYY)  08/10/2017  Date (MIN/DD/YYYY)  Date (MIM/DD/YYYY)	100.00
House's Strant British	KREESE WINESAP DR	Date [MM/OB/VYVV]  08/0/2017  Date [MM/OB/VYVV]	100.00
Following at Contributor  MAT  Speak Address  6022	THEN KOKET TUSCANY LANE	Date (MM/OD/SCO)	100.00
Hottee # 412 Street Address	TNDIANA DR		75.00
ERIE  Appelle 1320  Sirent address  (320	NOS OF ROBERT YATE		150.00
ERIE	PA 300 ( 1650	5 Daie Jagw/DO/WYVI \$	Mich anger (44 Abda). 1 grap ang

### PART B All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

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	111		# TO THE PROPERTY OF THE PARTY	
	MC Address	ATKINS		150.00
4028	SAND	ALWOOD DR	Date (MM/OD/v/yy) \$	
ERI		24 Ma Code 16:	509 Date (MM/DG/FYF) \$	
Comprehensive Company			CERTA MANAGEDIA (ANGESE)	
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	51ate			
		Zip Code	Date (N)V/OD/(eVY) 5	
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Boile #		and the state of t	Date [MM/25/yyyy] * \$	· · · · · · · · · · · · · · · · · · ·
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			PATE (MM/DE/YYYY) 3	
			Zalelki Morozozo	
	reel Midres		Date (NIM/DO/VYYY) 5	
	State	Ip Code	Ueste (MIM/DID/AYNO)	
Intelli			Cate (MW/GD/Y-y-X)	
	eet Address	The state of the s	Pate (MM/DD/Y/Y) \$	
	State	21p Code	Date (MM/DD/YYYY) 3/8	
Barrie Center			Cate (1857/186/2999)	
lokes   Sc.	A. Address			
			Date MANAZOD/VYVY 115	
	Sine	Zip Gode	Date Italia/(DD/YYYY) \$	

#### PART C

## **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

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(FülliNemeo) Contributing Committee	N	IA	*Date:[WM//DD//AYYV] \$1:	Ø
lifouse.;; Street/Add			Date(MM/DD/M/Y/)	
(dg/)	State	Zip Code	Date [MM//DD//YYYY]	
Dull/Remear Consubuting Commisses			Date([VIVI/DD/AAAA)] 57	
House av Street Add	iress		Date [MIM/DD/YYYY/] \$	
Gity	State	₹Żĺp/Code	Date [MIVI/DD//YYYY] S	
Hill Nameoù Contribudhg Committeer		_	, Date [MM/JDD/AXXXI] S	
Flouse(i) Street/Add			Date (MM//DD/XYYYY)	
Giay	State	Zip Gode	Date MM/DD/XXXX	
Fullinaimeoi Contributing Committee			*/Date [MM//Dip//www] \$	
House# Street/Addi			Date [MIM/DD/MMM]    \$3.	
(ējāy	State	· Zip Gode	idate(MIN/DD/MMM) \$	
Edl)/Name of Contributing Committee			Date MM/DD/XXXXII	
liforgerii: Street Addr			Date [MM/DD/MMM]	
(diay	State	74p) Code	Date [MIN//DD/AAAAA] SS	
[Fell] Klaintsof  GonalibertingGommittees			Date(MM/DD/AAAA)	
Housed   Street/Addi			/ Date (MIX)/DDV/XXXXI) SS	
City	State	·Zip Code	Date [MM//DD/W/M]    S.	

#### PART D

### **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

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TITLE CANADAM AND			
Filer identification Number:		•	
CONTRACTOR OF THE STREET STREE			

Hull Name of Contributor	. A	Date (MM/DD/YYYY) \$	1000
	4N PELLEGRINO	07/06/3017 S	1000.00
House# Street Address 5437	CHERRY ST. EXT		
iciv -	State Zip Code	Date (MM/DD/YYYY) \$	
ERIE	PA 16509	Occupation	
Employer Name	RETIRED		1.0
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor	NDRA L. BOCK	Date [MM/DD/YYYY] \$: 07/28/2017	1,000.00
House # Street Address	_	0 //28/2017 Date [MM/DD/YYYY] \$	.,000.00
5405	THOMAS RO	4	
iciv —	State PA Zip Code 16415	Date [MM/DD/YYYY] \$	
FAIRVIEW Employer Name		Occupation	1
Employer Mailing Address/	BOCK INSURANCE AGENC	En = 1 11-	NCE AGENT
and in a particular contracts and a second	3915 CAUGHEY RD 1	ERIE FA 1636	16
Full Name of Contributor			4
0	AVID CLARK	08/12/2017	300.00
House # Street Address			300.00
House# Street Address		O8/I2/2017 Date [MM/DD/YYYY] \$	300.00
House# 7233 Street Address	CRANE RA State AA Zip Code 16412	O8/I2/2017 Date [MM/DD/YYYY] \$	300.00
House# 7233 City = DINBORO Employer Name Employer Malling Address /	CRANE RA	O8/I2/2017 Date [MM/DD/YYYY] \$	300.00
House # 7233  Gity FOINBORO Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor	CRANE RA  State AA Zip Code 16412  RETIRED	O8/I2/2017 Date [MM/DD/YYYY] \$  Occupation  Date [MM/DD/YYYY] \$	
House # 7233  City FOINBORO Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor	CRANE RA State AA ZID CODE 16412  RETIRED  OUGGAS BLILEY	U8/12/2017   Date [MM/DD/YYYY]   S   Occupation     Date [MM/DD/YYYY]   S   U8/22/2017   S   U8/22/2017	300.00
House # Street Address 7233  Gity: FOINBORO Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Thouse # Street Address	CRANE RA State AA ZID CODE 16412  RETIRED  OUGGAS BLILEY	Date [MM/DD/YYYY]   S     Date [MM/DD/YYYY]   S     Occupation     S     OB   DATE [MM/DD/YYYY]   S     OB   DATE [MM/DD/YYYY]   S     OB   DATE [MM/DD/YYYY]   S     Date [MM/DD/YYYY]   S	
House # 7233  City FOINBORO Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor	CRANE RA State AA Zip Gode 16412  RETIRED  OUGGAS BLILEY	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  S  Date [MM/DD/YYYY]	
House # Street Address  7233  City FOINBORO  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Thouse # C/28  Street Address	CRANE RA  State AA Zip Gode 16412  RETIRED  OUGGAS BLILEY  TOMART DR  State Zip Gode	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  S  Date [MM/DD/YYYY]	

## PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer dentileur nivmber

City

Employer Name

EmployerMelling/Yddices// Phinepall?BosofBushess

TonghinephoennaXillat	PAUL T. NELSON	10/06/2017 750.00
Houseil 6900 Street	Address PINEGATE RD	Date [MM/DD/YYYY] S
FAIRVIE	EW PA 16415	Occupation 0 1 1 1
lamployer/Jame Tamployer/Mailthy/Address//	MAINAMEER PAOK	OWNER
Principal(Page of Principal)	3100 W. LAKE RD E	RIZ VIIICO
Fulls/kmæof/Gondilbuter	GREGORY RUBINO	10/16/2017 500.00
	Address ELIZABETH LANE	Date [MM/DD/AYYY]
City ERIE	PA 16505	/pate [MM/DD/YYYY]
Employer Name	PASSPORT REALTYLLC	Occupation REAL ESTATE
(Engloyer/Methney/Addicess/// Pahalpahl/Repeat/Dushass	240 W. 11THST SUITEB	-050 ERIE PA 16501
(full Nemeof Contibutor	DANIEL PRISCHAK	10/21/2017 500.00
146015e# Street 4261	GOLDEN RD	*Date [(VIM//DD//YYYY)] \$
GitY MCKEN	200 TATO AND	Date[[VIV/DD/WW]]
lamployerNeme	PLASTER INDUSTRIES	Occupation OWNER
Employer(Maillie)/Addices// Randpal(Rhedof(Budices)	2425 W 23 PM ST /	EBIE PA 16506
EditNameo/Gortalipitor	JAMESS. & RACHELE. BOCK	06/19/2017 2,000,00
House # Street	MARIANNA AVE	*Date (MM/DD/AAW)

Date[MM/DD//YYYY]

#### PART E

## **Other Receipts**

### REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

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Experience in the contract of				<u> </u>	
Foll Name   1998   177   346	GAENW et Address IA				
ENGLALITE					
	ERIE	PA	7 Göde 16509	08/12/2017	60.00
Reselption and an area	DEPOSI	T (BEE	ER) REFUN	UD	
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1000 to 6740 to	et Address	ICH ST			
GHV And the state of the state	ER1E	State PA	Zip Code 16509	Date [MM/00/YYY] 08/12/2017	30.00
Research Cestal Viole	RETURN		UPPLIES		
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House II Stre	et Address				
gry 2		State	Zip :	Date (MM/DD/YYYY)	188
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GIV.	Ecautes		[5 <b>.74</b> **(5.888)	Date IMM/DD/YYYYI	
All the second second		State	Zip Code	Date (MINNON) 1111)	
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	e) Address				
CIV C		State.	Zip Code	Date [MM/DD/YYYY]	
Treceipt Destription		15123155-325334	<u> </u>		<b>[25]</b>
				diginal and some contribution of the speciment described in societies and the societ	

## SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer (clanxification Number,							
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Rulling of Contributor	11/	4	Date MINIONODY/WWW.	d
Hause# Street Address	1010		Date [MM/DD/YYYY] S	
GiQ.	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contribution		f for 1706 au Syll a stora aire an east sagailtean arealt a an fin an	**************************************	
FUI) Name of Contributor			Date [MM/DD/YYYY] S	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution		Page 1897 Top 10 100 100 100 1		
#FUIL Order bl. Contributor			Date [MM/DD/YYYY] \$	
House# Street Address	- (USA) A(PP-11-7), p-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		Date [MM/DD/YYYY] \$	
City	State	Zip Gode	Date [MM/DD/YYYY] \$	
Perceiption of Contribution			Company of the Compan	
Full Name of Contributor			Date (MM/DD/Y/AY) S	
Hoyse# Street Address			Date [MM/DD/YYYY] \$	
City	State:	Zip Code	Date (MM/DD/YYYY) \$	
Description of Contribution				
Full Name of Contributor		-	Date [MM/DD/YYYY] S	
House # Street Address			Date [MM/DD/YYYY] \$	
T I I I	State	Zip Code	Date (MM/DD/YYYY) \$	
Description of Contribution				

## SCHEDULE II Part G

## **In-Kind Contributions Received**

**VALUE OVER \$250** 

File: Identification Number:							
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SPIRAL DESTRESHING PROPERTY	. 1	Date (MM/OD/YYYY) \$
KI KI	MKOPY PRINTING	06/14/2017 1,000.00
Street Addres	MKOPY PRINTING W8TH ST	Date [MM/OD/YYYY] \$
2040 ERIE	State PA Zip Code 1650-5	Date [MM/DD/YYYY] \$
Employer Name	SAME	Occupation
Employer Mailing Address / Principa Place of Business		Description of PRINTING
Full Name of Contributor		Date (MN/DD/YYYY) 5
Hguse# Street Address	<b>5</b>	Date [MM/BD/YYYY] 5
G(f)	State Zip Code	Date (MM/DD/YYYY) \$
Enziplover Name		Occupation
Striplove: Mailing Address / Principa Rlace of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
Street Address	un l	Date (MM/DD/YYYY) \$
ctty .	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Smolover Mailing Address / Princip: Place of Business	at .	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Addres		Date (MM/DD/YYYY) S
(No. 1)	State Zip Gode	Date [MM/00/VVYY] \$
Employer Name		Occupation
Employer Mailing Address / Princip. Place of Business		Description of Contribution

#### SCHEDULE II

### IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Eller identification Number					
STATE WHITE HAIFT AD THE ROLL OF STATE	FIRESTANCE FOR VITARIYES	n en		-	
TOTAL for the reporting period	(1)	\$	0		
2. SINKING GONTRIBUTIONS RE	EIVED VALUE DE \$50.01	1083) OS (0858 O	VIPARIT)	4	
TOTAL for the reporting period	(2)	\$	0		
3. JAKIND CONTRIBUTION REC	EIVED WALUE OVER \$250.	OO (FROM PART G			
TOTAL for the reporting period	(3)	\$	1,000.0	00	
TOTAL VALUE OF IN-KIND CONTRIBUTE PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)		so enter	1,000.0	00	karikitan persemunyah mentendak handa didang di Palabah.

# Statement of Expenditures

File (demilication Number:

	The state of the s
TO Whom Paid KIMKORY PRINTING	06/14/2017 2,702.45
House# 2040 Street Address W 8 TH ST	Description of Expenditure
City ERIE State PA Zip. Code 16505	PRINTING
TOWNOOM PAID GORDON FOOD SERVICE	Date [MM/DD/XXYY] \$ 07/03/2017 111,77
House # 6740 Street Address PEACH ST	Description of Expenditure
Giry ERIE State PA Sode 16509	FUND RAISER SUPPLIES
TOTALISM PAID State PA Code 16509	BDAYARMINI/DDIWWWW.SS
A = A = A = A = A = A = A = A = A = A =	07/03/2017 8 186.00
House # 1150 Street Address W 26 TH ST	Description of Expenditure
Sity ERIE State PA Code 16508	ADVERTISING
MCDOWELL FOOTBALL BOOSTERS	07/03/2017 20000
House# 3580 Street Address W 387H ST	Description of Expenditure
City ERIE State PA Code 16506	ADVERTISING
Seculiaria de la companya del companya del companya de la companya	A STANDARD OF THE STANDARD OF
KIMKDOV PAINITING	07/20/20/7 62.54  Description of Expenditure
House # 2040 Street Address W 8TH ST	
	16
City EPIE State PA Code 16505	
City EPIE State PA Code 16505  To Whom Paid U.S. POST OFFICE	PRINTING  Date [MM/DD/YYYY] 3 98.00
To Whom Paid  U.S. POST OFFICE  House # Street Address O. 1. 1. 1. 5.	Date (MM/DD/YYYY) \$
Gity ERIE State PA Code 16505  State PA Code 16505  To Whom Paid U.S. POST OFFICE  House # 3711 Street Address POPLAR ST  Gity ERIE State PA Code 16508	Date [MM/DD/WYY] \$ 98.00
To Whom Paid  U.S. POST OFFICE  House # 37/1 Street Address POPLAR ST	Date [MM/DD/YYYY] \$ 98.00  Description of Expenditure  PostaGE  Date [MM/DD/YYYY] \$
To Whom Paid  U.S. POST OFFICE  House # 37/1 Street Address POPLAR ST  Gify ERIE State PA Gode 16508  To Whom Paid  MYAA	Date [MM/DD/YYYY] \$ 98.00  Description of Expenditure  PostAGE
To Whom Paid  U.S. POST OFFICE  House # 37/1 Street Address PA Code 16505  City ERIE State PA Code 16508  To Whom Paid  MYAA  House # 26/14 Street Address COLONIAL AVE	Date [MM/DD/YYYY] \$ 98.00  Description of Expenditure  POSTAGE  Date [MM/DD/YYYY] \$ 150.00  Description of Expenditure
To Whom Paid  U.S. POST OFFICE  House # 37/1 Street Address POPLAR ST  Gity ERIE State PA Code 16508  To Whom Paid  MYAA  House # 26/4 Street Address COLONIAL AVE  City ERIE State PA Code 16506	Date [MM/DD/WYY] \$ 98.00  Description of Expenditure  POSTAGE  Date [MM/DD/YYYY] \$ 150.00  Description of Expenditure  ADVERTISING
To Whom Paid  Letter   State   PA   Code   16505  To Whom Paid   U.S. POST OFFICE  House # 37/1   Street Address   POPLAR ST  City   ERIE   State   PA   Code   16508  To Whom Paid   MYAA  House # 26/14   Street Address   COLONIAL AVE   Code   16506  To Whom Paid   Gode   16506	Date [MM/DD/YYYY] \$ 98.00  Description of Expenditure  POSTAGE  Date [MM/DD/YYYY] \$ 150.00  Description of Expenditure  ADVERTISING  Date [MM/DD/YYYY] \$ 1/2.65
To Whom Paid  U.S. POST OFFICE  House # 37/1 Street Address POPLAR ST  Gity ERIE State PA Code 16508  To Whom Paid  MYAA  House # 26/4 Street Address COLONIAL AVE  City ERIE State PA Code 16506	Date [MM/DD/WYY] \$ 98.00  Description of Expenditure  POSTAGE  Date [MM/DD/YYYY] \$ 150.00  Description of Expenditure  ADVERTISING

# SCHEDULE III Statement of Expenditures

Statement of Experient

MC Wholing 2   0	Date (MM/dD/cox)
GORDON FOOD SERVICE	08/09/2017 25.74
House # 6740 Street Address AEACH ST	Destription of Expanditure
State AA 210 Code 16509	FUND RAISER, SUPPLIES
Roy Vijem Raig 1/4	BCCCVGCCCCVCCCCCCCCCC
WEGMANS	08/09/2017 85,57
480864 6143 Street Address PEACH ST	Description of Expenditure
ERIE State PA Gode 16509	FUND RAISER SUPPLIES
SCHWEBELS	08/11/2017 56,62
Hadise # 8275 Street Address PERRY HWY	Description of Expenditure
State 7 in	TOMA DAISTA TIMALIZ
	FUND RAISER SUPPLIES
SMITH PROVISIONS	OB/11/2017 109, 80
House'# 1300 Street Address CAANBEARY ST	Description of Expenditure
City ERIE State PA Code 16501	FUND RAISER SUPPLIES
With Without Raid	EGITCH (MY/ADDAWAYA BRESS)
EMBROIDERY SHOPPE	08/11/2017 /6.00
House # 3018 Street Address CHERRY ST	Description of Expenditure
Gity ERIE State PA Code 16508	ADVERTISING
TO WHOM Paid WEGMANS	Date [MM/DD/YYYY] \$ 38,25
House # 6143 Street Address PEACH ST	Description of Expenditure
	FUND RAISERSUPPLIES
TOUNTO A Code 16009	Date (MM/DD/YYYV) 5
Ci mariana A Eria	
OLENWOOD BEER	08/12/2017 3 297.44
ariouse# Street Address	Description of Expenditure
Charles Andres	Description of Expenditure
Gity ERIE State PA Code 16509	Description of Expenditure  FUND RAISER SUPPLIES  Date IMM/DD/YYYYI 15
Gity ERIE State PA Code 16509  WEGMANS	Description of Expenditure  FUND RAISER SUPPLIES  Date 16/10/10/17 35.33
Gity ERIE State PA Code 16509	Description of Expenditure  FUND RAISER SUPPLIES  Date IMM/DD/YYYYI 15

# Statement of Expenditures

House # 4380 Street Address W. RIDGE RO	Date (MM/DD/YYYY) 5 08/12/2017 79.80 Description of Expenditure
ERIE State PA Gode 16506	FUND RAISER SUPPLIES Date [MM/00/HYYY]   5
House # 5360 Street Address W. LAKE RO	08/12/2017 499, 80 Description of Expenditure
EPIE State PA Code 16505	Date (VIM/DID/WXX)] \$
HOUSE # 540 Street Additions W 18TH ST	Description of Expenditure
TOWNOM Paid MCDOWELL ACQUATICS	DATE IMM/00/14441 \$ 50.00
Holise'H 3580 Street Address W 38TH 5T  City EP16 State PA Code 16506	Description of Expenditure
TOWNSMIA KIMKOPY	Date [MM/DD/YYYY] \$  08/30/2017 655.08  Description of Expenditure
Silv ERIE State PA Code 16505	ADVERTISING
Hause # 3801 Street Address STERRETTANIA RD	Date [MM/DD/YYYY] \$ 09/08/2017   /6,2   Description of Expenditure
ERIE State PA Code 16506	
House# 1000 Street Address MARIANNA AVE	09/15/2017 107.00 Description of Expenditure
City ERIE State PA Code 16509  TOWNION POHO JIM BOCK (REIMBURSE)	ADVERTISING- DATE IMM/DD/XXXVI 8 10/01/2017 67,67
House# 1000 Street Address MARIANNA A VIS  Gity ERIE State PA Cage 16509	Description of Expenditure

# SCHEDULE III Statement of Expenditures

THE PROPERTY OF THE PARTY OF TH	 	 		

JIM BOCK (REIMBURSE)	Date [MM/DD/YYY] \$ 97.66
HOUSE Street Address 10	10/01/2017 7 1.00 Description of Expenditure
1000 Street Address MARIANNA AVE	
ER16 State PA 216 16509	F.O.P. RAFFLE
GORDON FOOD SERVICE	10/02/2017 59, 43
	Description of Expenditure
House 4 6740 Street Address PEACH ST	2
ERIE State PA 200 16509	CANOY
TO WHOM PAID ERIE TIMES NEWS	Date (MM/DD/147M) \$ 500.00
House # 205 Street Address W 12TH ST	Description of Expenditure
State PA State 16501	ADVERTISING
	Date [MM/DD/4991] \$ 420.82
LA L	Description of Expenditure
540 0018	1
ERIE State PA Gode 16502	ADVERTISING
	Manager internal control of the service of the serv
	Date [MM/00/XXXX] \$ 108,11
To Whom Paid JIM BOCK (REIMBURSEMENT)  HOUSE A Street Address 11	Date [MM/DD/XYXY] \$ 108,11  Description of Expenditure
JOWNSON FAIR JIM BOCK (BENEFIT BASKET)	Date [MM/6D/XYYY] \$ 108,11  Description of Expenditure  RAFFLE BASKET
TO WHOM FAIR JIM BOCK (REIMBURSEMENT)  HOUSE # 1000 Street Address MARIANNA AVE	Description of exheudring
TO Whom Paid JIM BOCK (REIMBURSEMENT) HOUSE H 1000 Street Address MARIANNA AVE  State PA 1000 10502	RAFFLE BASKET
To Whom Paid  To Marian Bock (REIMBURSEMENT)  House # 1000 Street Address MARIANNA AVE  GRU ERIE State PA Gode 16502  To Whom Paid  Street Address  State Zip  Street Address  State Zip	RAFFLE BASKET  Date [MM/DD/YYYY] \$
To Wisom Paid  JIM BOCK (BENEFIT BASKET)  House # 1000 Street Address MARIANNA AVE  GRIV ERIE State PA Gode 16502  To Whom Paid  Street Address  State Zip Gode Code	RAFFLE BASKET  Date [MM/DD/YYYY] \$
To Whom Paid	Date [MM/DD/YYY]: S  Description of Expenditure
Street Address  Street Address  City  Street Address  State  Stat	Date [MM/DD/YYY] \$  Date [MM/DD/YYYY] \$  Description of Expenditure
To Whom Paid	Date [MM/DD/YYY]   \$ Description of Expenditure  Date [MM/DD/YYYY]   \$ Description of Expenditure
To Whom Paid  Street Address  City  Street Address  State	Date [MM/DD/YYY] \$  Date [MM/DD/YYYY] \$  Description of Expenditure
To Whom Paid  Street Address  City  Street Address  City  Street Address  State  City  Street Address  State  City  Street Address  City  State  City  State  City  State  City  Code  Code	Date [MM/DD/YYY]   \$  Date [MM/DD/YYYY]   \$  Date [MM/DD/YYYY]   \$  Date [MM/DD/YYYY]   \$  Description of Expenditure

#### SCHEDULE IV

## **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer dentification Number

Name of Creditor	JAMES S. & RACHELE. BOCK Quistanding Balance of Debt
	MARIANNA AVE DATE DEBT INCURRED \$ 2,000.00
1000	06/19/2017
City	ERIE State RA Code 16509
Description of Debt	ERIE State PA Code 16509  LOAN TO COMMITTEE
Name of Creditor	Outstanding Balance of Debt
House# Stre	tet:Address DATE DEBT INCURRED, \$ - [MM/DD/YYYY]
City	Stafe Zip Code
Description of Debt	Dissipation of the state of the
Name of Creditor	Gutstanding Balance of Debt.
House# Stre	et Address DATE DEBT INCURRED 5
	[MM/DD/YYYY]
city	State Zip
	Code
Description of Debt	
Name of Creditor	Outstanding Balance of Debt.
House # Stre	Pet Address DATE DEST INCURRED \$ [MM/DD/YYYY]
City .	State Zip
Description of Debt	Code
Name of Creditor	Gutstanding Balance of Debt
House # Stre	eet Address DATE DEBT INCURRED: \$
	[MM/OD/YYYY]
City	State Zip
Description of Debt	Code
Name of Creditor	Outstanding Balance of Debt
House# Stre	et Address DATE DEBT INCURRED \$
	[MM/DD/YYYY]
city	State Zip
	Code:
Description of Debt	